

A1. Site/Study ID #: _____ / G _____ A2. Visit Date: _____ / _____ / _____
Month Day Year

3. Staff Initials: _____

IMAGA04 A4. 1. Baseline 2. Year 1 3. Year 2 4. Year 3 5. Year 4 6. Year 5

To DCC

A5. Were any imaging studies within the past 12 months? 1. Yes 2. No IMGA05 V2(5)

A6. If more than one form submitted, this is form ___ of ___.

IMAAG06P1 IMAG06P2

SECTION B: IMAGING – THIS FORM MAY BE REPEATED IF THERE IS MORE THAN ONE IMAGE OF ANY TYPE

B1. **Abdominal Ultrasound:** 1. Done 88. Not Done IMGB01 V2(3)
 a. Diagnostic 1. Yes 2. No 66. Unknown IMGB01A V2(3)
 b. Procedure Guidance Only 1. Yes 2. No 66. Unknown IMGB01BV2(3)

Date of ultrasound: IMGB01MM V2(3)/ IMGB01DD V2(3)/ IMGB01YY V2(4)/ IMGB01DT
Month Day Year

C .Did the child fast for 3 hours or more prior to the ultrasound? IMGB01FA V2(3) 1. Yes 2. No 66. Unknown

Anatomic Region	Results	Findings
1. Gallbladder:	1. <input type="checkbox"/> Normal IMGB11RE V2(3) 2. <input type="checkbox"/> Abnormal 3. <input type="checkbox"/> Absent/ Not visualized 4. <input type="checkbox"/> No information given	a <input type="checkbox"/> Stone(s) IMGB11AV2(3) b <input type="checkbox"/> Sludge IMGB11BV2(3) c <input type="checkbox"/> Thickened wall IMGB11C V2(3) d <input type="checkbox"/> Other Specify IMGB11DOT V2(3) IMGB11D SP V2(300)
2. Extrahepatic Bile Duct	1. <input type="checkbox"/> Normal IMGB12RE V2(3) 2. <input type="checkbox"/> Abnormal 3. <input type="checkbox"/> Absent/ Not visualized 4. <input type="checkbox"/> No information given	Maximal bile duct diameter: IMGB12M V2(4) mm IMGB1288 V2(3) 88. <input type="checkbox"/> Unknown / ND a <input type="checkbox"/> Stricture IMGB12A V2(3) b <input type="checkbox"/> Cyst IMGB12B V2(3) c <input type="checkbox"/> Dilated IMGB12C V2(3) d <input type="checkbox"/> Stone(s) IMGB12D V2(3) e <input type="checkbox"/> Other: (Specify IMGB12E0T V2(3) IMGB0124ESP V2(300))
3. Spleen:	IMGB13RE V2(3) 1. <input type="checkbox"/> Normal 2. <input type="checkbox"/> Abnormal 3. <input type="checkbox"/> Absent/ Not visualized 4. <input type="checkbox"/> No information given	Maximal length in sagittal plane: IMGB13CM V2(3) cm IMGB1388 V2(3) 88. <input type="checkbox"/> Unknown / ND a. <input type="checkbox"/> Stone(s) IMGB13A V2(3) b. <input type="checkbox"/> Sludge IMGB13B V2(3) c. <input type="checkbox"/> Thickened wall IMGB13C V2(3) d. <input type="checkbox"/> Other Specify IMGB13D0T V2(3) IMGB13D SP V2(300)

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4. Portal Vein:	IMGB14RE V2(3) 1. <input type="checkbox"/> Normal 2. <input type="checkbox"/> Abnormal 3. <input type="checkbox"/> Absent/ Not visualize 4. <input type="checkbox"/> No information given	a <input type="checkbox"/> Maximum diameter of portal vein at hilum IMGB14A V2(3) ____ cm IMAG14ACM b <input type="checkbox"/> Hepatopetal flow IMGB14B V2(3) OR <input type="checkbox"/> Hepatofugal flow c <input type="checkbox"/> No flow observed IMGB14C V2(3) d <input type="checkbox"/> Thrombosed IMGB14D V2(3) e <input type="checkbox"/> Presence of periportal collaterals IMGB14E V2(3) f <input type="checkbox"/> Other: (Specify: IMGB14F0T V2(3) IMGB14FSP V2(300))
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Anatomic Region	Results	Findings
5. Liver:	IMGB15RE V2(3) 1. <input type="checkbox"/> Normal 2. <input type="checkbox"/> Abnormal 3. <input type="checkbox"/> Absent/ Not visualize 4. <input type="checkbox"/> No information given	a <input type="checkbox"/> Intrahepatic Cyst IMGB15A V2(3) b <input type="checkbox"/> Intrahepatic biliary dilatation IMGB15BV2(3) c <input type="checkbox"/> Increased echogenicity IMGB15C V2(3) d <input type="checkbox"/> Intrahepatic Cholelithiasis IMGB15D V2(3) e <input type="checkbox"/> Intrahepatic bile duct strictures IMGB15E V2(3) f <input type="checkbox"/> Nodule or mass: IMGB15F V2(3) Specify number of nodules or masses: IMGB15FNO V2(20) Location: ____ IMGB15FLO V2(20)_ g <input type="checkbox"/> Other: (Specify: _ IMGB15GOT V2(3) IMGB15G SP V2(300)) h <input type="checkbox"/> Other: (Specify: _ IMGB15HOT V2(3) IMGB15HSP V2(300)) i <input type="checkbox"/> Other: (Specify: _ IMGB15IOT V2(3) IMGB15ISP V2(300)) j <input type="checkbox"/> Other: (Specify: _ IMGB15JOT V2(3) IMGB15JSP V2(300)) k <input type="checkbox"/> Other: (Specify: _ IMGB15KOT V2(3) IMGB15K SP V2(300)) l <input type="checkbox"/> Other: (Specify: _ IMGB15LOT V2(3) IMGB15L SP V2(300))
6. Other Significant Findings:		a <input type="checkbox"/> Renal Cysts: IMGB16A 1. <input type="checkbox"/> unilateral 2. <input type="checkbox"/> bilateral IMGB16A A V2(3) IMGB16AB b <input type="checkbox"/> Kidney size: IMGB16B V2(3) L IMGB16BLCM V2(3)_ cm; R _ IMGB16BRCM V2(3)_ cm c <input type="checkbox"/> Ascites IMGB16CV2(3)_ d <input type="checkbox"/> Interrupted inferior vena cava IMGB16D V2(3)_

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e Gastric varices IMGB16E V2(3)_
 f Other: (Specify: _ IMGB16FOT V2(3) IMGB16F SP V2(300)
 g None IMGB16G V2(3)

B2. Chest X-Ray 1. Done 88. Not Done IMGB2 V2(3)

Date of chest x-ray: IMGB2XRMM V2(3)/ IMGB2XRDD V2(3)/ IMGB2XRY Y V2(4)/ IMGB2XRDT
 Month Day Year

	Results	Findings
1. Chest x-ray	IMGB21RE V2(3) 1. <input type="checkbox"/> Normal 2. <input type="checkbox"/> Abnormal	a <input type="checkbox"/> Vertebral anomalies: IMGB211A a. <input type="checkbox"/> Butterfly b. <input type="checkbox"/> Hemivertebrae IMGB211AB c. <input type="checkbox"/> Other _ IMGB211C OT V2(3) IMGB211CSP V2(300)_____ b <input type="checkbox"/> Cardiac enlargement IMGB21B V2(3) c <input type="checkbox"/> Congenital pulmonary or vascular anomaly (Specific: _ IMGB21C__ IMGB21CSP V2(300)____ d <input type="checkbox"/> Osteopenia IMGB21D e <input type="checkbox"/> Rickets IMGB21E V2(3) f <input type="checkbox"/> Rib fractures IMGB21F V2(3) g <input type="checkbox"/> Other (Specify: _ IMGB21GOT V2(3) IMGB21GSP V2(300)____)

B3. MRCP or Abdominal MRI or Abdominal CT Scan: 1. Done 88. Not Done IMGB31 V2(3)

1. Type: 1. MRCP 2. MRI 3. CT Scan 88. Not Done IMGB311 V2(3)

2. Date of test: IMGB312MM V2(3)/ IMGB312DD V2(3)/ IMGB312YY V2(4)/ IMGB312DT
 Month Day Year

Anatomic Region	Results	Findings
3. Extrahepatic bile duct:	IMGB33RE V2(3) 1. <input type="checkbox"/> Normal 2. <input type="checkbox"/> Abnormal 3. <input type="checkbox"/> Absent/ Not visualize 4. <input type="checkbox"/> No information given	a <input type="checkbox"/> Stricture IMGB33A V2(3) b <input type="checkbox"/> Cyst IMGB33B V2(3) c <input type="checkbox"/> Dilated IMGB33C V2(3) d <input type="checkbox"/> Stone(s) IMGB33D V2(3) e <input type="checkbox"/> Other: (Specify: IMGB33EOT V2(3) IMGB33ESP V2(300)____)

A1. Site/Study ID #: ____ / ____ / ____ A2. Visit Date: ____ / ____ / ____
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4. Intrahepatic bile ducts:	IMGB34RE V2(3) 1. <input type="checkbox"/> Normal 2. <input type="checkbox"/> Abnormal 3. <input type="checkbox"/> Absent/ Not visualize 4. <input type="checkbox"/> No information given	a <input type="checkbox"/> Stone(s) IMBB34A V2(3) b <input type="checkbox"/> Sludge IMBB34B V2(3) c <input type="checkbox"/> Thickened wall IMBB34C V2(3) d <input type="checkbox"/> Other: (specify _ IMGB34D OT V2(3) IMGB34DSP V2(300)_
5. Liver:	IMGB35RE V2(3) 1. <input type="checkbox"/> Normal 2. <input type="checkbox"/> Abnormal 3. <input type="checkbox"/> Absent/ Not visualize 4. <input type="checkbox"/> No information given	a <input type="checkbox"/> Nodular liver IMBB35A V2(3) b <input type="checkbox"/> Liver mass location: (IMBB35B V2(3) IMBB35BSP V2(300)) c <input type="checkbox"/> Intrahepatic cyst IMBB35CV2(3) d <input type="checkbox"/> Steatosis IMBB35D V2(3) e <input type="checkbox"/> Other: (Specify IMGB35EOT V2(3) IMGB35ESP V2(300)_
6. Gallbladder:	IMGB36RE V2(3) 1. <input type="checkbox"/> Normal 2. <input type="checkbox"/> Abnormal 3. <input type="checkbox"/> Absent/ Not visualize 4. <input type="checkbox"/> No information given	a <input type="checkbox"/> Gallstones IMGB36A V2(3) b <input type="checkbox"/> Dilated IMGB36B V2(3) c <input type="checkbox"/> Microgallbladder IMGB36C V2(3) d <input type="checkbox"/> Other: (specify _ IMGB35D OT V2(3) IMGB35DSP V2(300)_
7. Other significant findings:		a <input type="checkbox"/> Renal size IMGB37A V2(3) IMGB37ACM V2(3) ____ cm b <input type="checkbox"/> Renal cysts: MGB37 V2(3) 1. <input type="checkbox"/> unilateral MGB37BA 2. <input type="checkbox"/> bilateral MGB37BB V2(3) c <input type="checkbox"/> Ascites MGB37CV2(3) d <input type="checkbox"/> Interrupted IVC MGB37D V2(3) e <input type="checkbox"/> Gastric varices MGB37EV2(3) f <input type="checkbox"/> Other (Specify: IMGB37FOT V2(3) IMGB37FSP V2(300)_) g <input type="checkbox"/> None MGB37G V2(3)

B4: ERCP: 1. Done 88. Not Done IMGB4 V2(3)

1. Date of test: IMGB41MM V2(3)/ IMGB41DD V2(3)/ IMGB41YY V2(4)/ IMGB41DT
 Month Day Year

Anatomic Region	Results	Findings
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<p>2. Common bile duct:</p>	<p>IMGB42E V2(3)</p> <p>1. <input type="checkbox"/> Normal 2. <input type="checkbox"/> Abnormal 3. <input type="checkbox"/> Absent/ Not visualize 4. <input type="checkbox"/> No information given</p>	<p>a. <input type="checkbox"/> Stricture IMGB42A V2(3) b. <input type="checkbox"/> Cyst IMGB42B V2(3) c. <input type="checkbox"/> Dilated IMGB42C V2(3) d. <input type="checkbox"/> Stone(s) IMGB42D V2(3) e. <input type="checkbox"/> Other: (Specify: IMGB42EOT V2(3) IMGB42ESP V2(300))</p>
<p>3. Common hepatic duct:</p>	<p>IMGB43RE V2(3)</p> <p>1. <input type="checkbox"/> Normal 2. <input type="checkbox"/> Abnormal 3. <input type="checkbox"/> Absent/ Not visualize 4. <input type="checkbox"/> No information given</p>	<p>a. <input type="checkbox"/> Stricture IMGB43A V2(3) b. <input type="checkbox"/> Cyst IMGB43B V2(3) c. <input type="checkbox"/> Dilated IMGB43C V2(3) d. <input type="checkbox"/> Stone(s) Dilated IMGB43D V2(3) e. <input type="checkbox"/> Other: (Specify: _ IMGB43EOT V2(3) Dilated IMGB43ESP V2(300))</p>
<p>4. Common hepatic duct:</p>	<p>IMGB44RE V2(3)</p> <p>1. <input type="checkbox"/> Normal 2. <input type="checkbox"/> Abnormal 3. <input type="checkbox"/> Absent/ Not visualize 4. <input type="checkbox"/> No information given</p>	<p>a. <input type="checkbox"/> Stricture IMGB44A V2(3) b. <input type="checkbox"/> Cyst IMGB44B V2(3) c. <input type="checkbox"/> Dilated IMGB44C V2(3) d. <input type="checkbox"/> Stone(s) IMGB44D V2(3) e. <input type="checkbox"/> Other: (Specify: IMGB44EOT V2(3) IMGB44ESP V2(300))</p>
<p>5. Cystic duct:</p>	<p>IMGB45RE V2(3)</p> <p>1. <input type="checkbox"/> Normal 2. <input type="checkbox"/> Abnormal 3. <input type="checkbox"/> Absent/ Not visualize 4. <input type="checkbox"/> No information given</p>	<p>a. <input type="checkbox"/> Stricture IMGB45A V2(3) b. <input type="checkbox"/> Cyst IMGB45B V2(3) c. <input type="checkbox"/> Dilated IMGB45CV2(3) d. <input type="checkbox"/> Stone(s) IMGB45D V2(3) e. <input type="checkbox"/> Other: (Specify: _ IMGB45EOT V2(3) IMGB45ESP V2(300))</p>
<p>6. Intrahepatic ducts:</p>	<p>IMGB46RE V2(3)</p> <p>1. <input type="checkbox"/> Normal 2. <input type="checkbox"/> Abnormal 3. <input type="checkbox"/> Absent/ Not visualize 4. <input type="checkbox"/> No information given</p>	<p>a. <input type="checkbox"/> Stricture IMGB46A (Specify: IMGB46ASP _____) b. <input type="checkbox"/> Cyst IMGB46B c. <input type="checkbox"/> Dilated IMGB46C IMGB46CSP (Specify: _____) d. <input type="checkbox"/> Stone(s) IMGB46D e. <input type="checkbox"/> Other: IMGB46EOT IMGB46ESP (Specify: _____)</p>

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Anatomic Region	Results	Findings (check all that apply)
7. Gallbladder:	IMGB47RE V2(3) 1. <input type="checkbox"/> Normal 2. <input type="checkbox"/> Abnormal 3. <input type="checkbox"/> Absent/ Not visualize 4. <input type="checkbox"/> No information given	a. <input type="checkbox"/> Dilated IMG47A b. <input type="checkbox"/> Stone(s) IMG47B c. <input type="checkbox"/> Other: (Specify: _ IMG47COT IMG47CSP _____)
8. Intervention taken:		a. <input type="checkbox"/> None IMG48A b. <input type="checkbox"/> Biliary Dilation IMG48B c. <input type="checkbox"/> Sphincterotomy IMG48C d. <input type="checkbox"/> Stent replacement IMG48D e. <input type="checkbox"/> Stone removal IMG48E f. <input type="checkbox"/> Other: (Specify: _ IMG48FOT IMG48FSP

B5: Cholangiogram: (check one) IMGB5 2. Intraoperative 3. Percutaneous Transhepatic (PTC) 88. Not Done – Go to B6

1. Date of cholangiogram: ____ IMGB51MM/ IMGB51DD/ IMGB51YY/ IMGB51DT ____
 Month Day Year

Anatomic Region	Results	Findings (check all that apply)
2. Common hepatic duct:	IMGB52RE V2(3) 1. <input type="checkbox"/> Normal 2. <input type="checkbox"/> Abnormal 3. <input type="checkbox"/> Absent/ Not visualize 4. <input type="checkbox"/> No information given	a. <input type="checkbox"/> Stricture IMGB52A b. <input type="checkbox"/> Cyst IMGB52B c. <input type="checkbox"/> Dilated IMGB52C d. <input type="checkbox"/> Stone(s) IMGB52D e. <input type="checkbox"/> Other: (Specify: _ IMGB52EOT IMGB52ESP ____)
3. Cystic duct:	IMGB53RE V2(3) 1. <input type="checkbox"/> Normal 2. <input type="checkbox"/> Abnormal 3. <input type="checkbox"/> Absent/ Not visualize 4. <input type="checkbox"/> No information given	f. <input type="checkbox"/> Stricture IMGB53A g. <input type="checkbox"/> Cyst IMGB53B h. <input type="checkbox"/> Dilated IMGB53C i. <input type="checkbox"/> Stone(s) IMGB53D a. <input type="checkbox"/> Other: (Specify: _ IMGB53EOT IMGB53ESP _
4. Intrahepatic ducts:	IMGB54RE V2(3) 1. <input type="checkbox"/> Normal 2. <input type="checkbox"/> Abnormal 3. <input type="checkbox"/> Absent/ Not visualize 4. <input type="checkbox"/> No information given	a. <input type="checkbox"/> Stricture: IMG54A (Specify _ ____)IMG54ASP b. <input type="checkbox"/> Cyst IMG54B c. <input type="checkbox"/> Dilated: (Specify _ IMG54C (Specify _ ____)IMG54CSP d. <input type="checkbox"/> Stone(s) IMG54D e. <input type="checkbox"/> Other: (Specify _ IMG54EOT (Specify _ ____)IMG54ESP

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Anatomic Region	Results	Findings (check all that apply)
5. Gallbladder:	IMGB55RE V2(3) 1. <input type="checkbox"/> Normal 2. <input type="checkbox"/> Abnormal 3. <input type="checkbox"/> Absent/ Not visualize 1. 4. <input type="checkbox"/> No information given	a. <input type="checkbox"/> Gallstones IMGB55A b. <input type="checkbox"/> Dilated IMGB55B c. <input type="checkbox"/> Other: (Specify _ IMGB55COT IMGB55CSP)
6. Intervention taken:		a. <input type="checkbox"/> None IMGB56A b. <input type="checkbox"/> Biliary Dilation IMGB56B c. <input type="checkbox"/> Sphincterotomy IMGB56C d. <input type="checkbox"/> Stent replacement IMGB56D e. <input type="checkbox"/> Drainage catheter IMGB56E f. <input type="checkbox"/> Other (Specify: IMGB56FOT IMGB56FSP)

B6: Other imaging studies:

1. Were any other imaging studies done on this participant? This might include other skeletal x-rays, head ultrasound, CT scan, or ECHO.

1. Yes 2. No – END IMGB61

Other Imaging Study	Results	Findings (check all that apply)
2. Skeletal X-ray: IMGB62ND 88. <input type="checkbox"/> Not Done Date: (mm/dd/yyyy) IMGB62MM/ IMGB62DD/ IMGB62YY/ IMGB62DT	IMGB62RE V2(3) 1. <input type="checkbox"/> Normal 2. <input type="checkbox"/> Abnormal	a. <input type="checkbox"/> Vertebral anomalies: (Specify: IMGB62A) b. <input type="checkbox"/> Rickets: (Specify: IMGB62B IMGB62BSP) c. <input type="checkbox"/> Fractures: (Specify: IMGB62C IMGB62CSP) d. <input type="checkbox"/> Cranial anomalies IMGB62D e. <input type="checkbox"/> Intracranial calcification IMGB62E f. <input type="checkbox"/> Other (Specify: IMGB62FOT IMGB62FSP)
3. Head CT scan IMGB63ND 88. <input type="checkbox"/> Not Done Date: (mm/dd/yyyy) IMGB63MM/ IMGB62DD/ IMGB63YY/ IMGB63DT	IMGB63RE V2(3) 1. <input type="checkbox"/> Normal 2. <input type="checkbox"/> Abnormal	a. <input type="checkbox"/> Intracranial calcification IMGB63A b. <input type="checkbox"/> Enlarged ventricles IMGB63B c. <input type="checkbox"/> Intracranial hemorrhage IMGB63C (Specify: IMGB63CSP) d. <input type="checkbox"/> Vascular malformation: (Specify IMGB63D IMGB63DSP) e. <input type="checkbox"/> Brain malformation: (Specify: IMGB63E IMGB63ESP) f. <input type="checkbox"/> Other (Specify: _ IMGB63FOT IMGB63FSP)
4. Cranial MRI IMGB64ND 88. <input type="checkbox"/> Not Done Date: (mm/dd/yyyy) IMGB64MM/ IMGB64DD/ IMGB64YY/	IMGB64RE V2(3) 1. <input type="checkbox"/> Normal 2. <input type="checkbox"/> Abnormal	a. <input type="checkbox"/> Intracranial calcification IMGB64A b. <input type="checkbox"/> Enlarged ventricles IMGB64B c. <input type="checkbox"/> Intracranial hemorrhage IMGB64C (Specify: IMGB64CSP)

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IMGB64DT

- d. Vascular malformation: (Specify IMGB64D IMGB64DSP)
 e. Brain malformation: (Specify: IMGB64E IMGB64ESP)
 f. Other (Specify: _ IMGB64FOT IMGB64FSP)

Anatomic Region	Results	Findings (check all that apply)
5. Cardiac ECHO IMGB65ND 88. <input type="checkbox"/> Not Done Date: (mm/dd/yyyy) IMGB65MM/ IMGB65DD/ IMGB65YY/ IMGB65DT	IMGB65RE V2(3) 1. <input type="checkbox"/> Normal 2. <input type="checkbox"/> Abnormal	a. <input type="checkbox"/> Pulmonic valvular stenosis IMGB65A b. <input type="checkbox"/> Aortic valvular stenosis IMGB65B c. <input type="checkbox"/> Atrial septal defect IMGB65C d. <input type="checkbox"/> Ventriculoseptal defect IMGB65D e. <input type="checkbox"/> Total anomalous pulmonary venous drainage IMGB65E f. <input type="checkbox"/> Tetralogy of Fallot IMGB65F g. <input type="checkbox"/> Cardiomyopathy IMGB65G h. <input type="checkbox"/> Peripheral pulmonary artery stenosis IMGB65H i. <input type="checkbox"/> Pulmonary artery hypoplasia IMGB65I j. <input type="checkbox"/> Other: (Specify: IMGB65JOT IMGB65JSP)
6. Other imaging Study IMGB66ND 88. <input type="checkbox"/> Not Done Date: (mm/dd/yyyy) IMGB66MM/ IMGB66DD/ IMGB66YY/ IMGB66DT	IMGB66RE V2(3) 1. <input type="checkbox"/> Normal 2. <input type="checkbox"/> Abnormal	<input type="checkbox"/> Other: (Specify: IMGB66F IMGB66SP)

IMGCMNT Comment V2(800)